

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	KL	49	3/26/01
FORMALITY REVIEW		1019	05.23.01
RESPONSE FORMALITY REVIEW			

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## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/4/01
2	✓	✓	4/4/01
3	✓	✓	
4	✓	✓	
5	0	0	
6	0	0	
7	0	0	
8	✓	✓	
9	1	0	
10	1	0	
11	✓	✓	
12		✓	
13		✓	
14		✓	
15		✓	
16		✓	
17		✓	
18	✓	✓	
19	0	0	
20	✓	✓	
21	✓	✓	
22	✓	✓	
23	✓	✓	
24	0	0	
25	✓	✓	
26	1	✓	
27	1	✓	
28		✓	
29		✓	
30		0	
31	✓	0	
32	✓	✓	0
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If more than 150 claims or 10 actions  
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